STRONG HEALTH
Strong Memorial Hospital

ADULT NEUROLOGY NEW PATIENT/ CONSULTATION NOTE

SMH 181A MR

☐ Inpatient
☐ Outpatient
☐ ED

[redacted]

Patient Name:
Unit #: DOB:

Date: 10/26/10 **Time:** 17 20

Referring Physician: Dr [redacted] ED Attending

Chief Complaint:

headache x 5 days

History of Present Illness: (location, quality, severity, duration, timing, context, modifying factors, associated signs & symptoms)

Pt is a 25 y/o ♂ who was in USOH and experienced a dull headache beginning ~~[illegible]~~ [illegible] Friday morning 10/22. He describes it as dull, intermittently throbbing, present at all times, (R) fronto-temporal c̄ retro-orbital pain. Initially he rated it 4/10. It persisted throughout the weekend and acutely worsened on Monday am → 7/10. It started to have intermittent sharp, shooting quality to it as well. He denies any nausea, vomiting, excessive somnolence or difficulty in arousing him. Denies any blurry vision, double vision. Denies any numbness, weakness in his limbs. Denies any focal neurologic symptoms. He himself does not have a history of headaches but his mother has migraines. He denies any fevers, chills, sweats, or weight loss. Has developed photophobia the last few days. Also has had some rhinorrhea last 2 days but no fevers recorded at home.

Patient Name ______________________

Past Medical/Surgical History:

cholecystectomy

Allergies/Sensitivities: ☐ Yes ☒ No If Yes, list with reactions

Latex Allergy. ☐ Yes ☐ No If Yes, describe

Social History:

Works [redacted] as an elephant wrangler.
Has girlfriend From South Carolina

Alcohol: occasional beer | Tobacco: ✓ | Recreational Drugs: ✓

Family History:

mom - migraines
✓ SZ, CVA, cancer history in family

Medications/Over-The-Counter/Vitamins/Herbals:

None

In house
Compazine 10 mg x1
Percocet 5/325 1 tab x1
Dilaudid 1 mg IV x1
Phenergan 12.5 mg IV x1
Benadryl 25 mg IV x1

Review of Systems: (Check box if negative)

General:	☒	GI/Nutritional Status:	☒
Head:	☐ HA	GU:	☒
ENT:	☒	Skin:	☐ itching
Cardiovascular:	☒	Psychiatric:	☒
Respiratory:	☒	Endocrine:	☐
Musculoskeletal:	☒	Hematologic:	☒

Pain ☒ (circled) Circle one: lowest 0 1 2 3 4 5 (6) 7 8 9 10 highest Location: head

Abuse ☒ Is there anyone at home or elsewhere who is hurting you?

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BP = 134/72 P = 76 RR = 16 T = 38° *(must do 3 of 4)

*General appearance [illegible]

*Heart [illegible] Lungs [illegible]

*Carotids [illegible] *Penpheral pulses [illegible]

Spine [illegible]

Neurological exam:

Mental status:

*Attention [illegible] Neglect [illegible]

*Language [illegible]

*Orientation x3

*Memory [illegible]

*Intellect, fund of knowledge, judgment, mood and affect thought content. [illegible]

Cranial Nerve: *Visual Acuity [illegible] *V [illegible]

Visual Field [illegible] *VII [illegible]

*Fundi [illegible] *VIII [illegible]

Pupils [illegible] *IX, X [illegible]

*EOM's [illegible] *XI [illegible]

[illegible] *XII [illegible]

Motor: Bulk [illegible]

*Tone [illegible]

Pronator drift [illegible]

*Strength [illegible]

Abnormal movements [illegible]

*Sensory: Pin and temperature [illegible]

Vibration and position

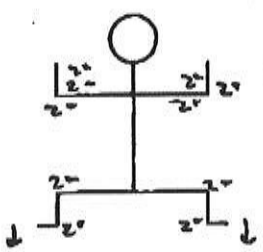
Cortico-sensory [illegible]

Romberg [illegible]

*Coordination: [illegible]

*Gait: [illegible]

*Reflexes:



1a LOC		3 Visual fields		7 Right leg motor		11 Best language	
1b LOC questions		4 Facial paresis		8 Left leg motor		12 Dysarthria	
1c LOC commands		5 Right arm motor		9 Limb ataxia		13 Neglect	
2 Best gaze		6 Left arm motor		10 Sensory		Total	

Release signs

[redacted]

Patient Name [redacted]

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Laboratory:

ER 2 140 | 103 | 28 / 99 Ca 9.5
4.5 | 25 | 0.96

Radiology:

CT [illegible]: (R) ventricle dilatation. Cannot rule out acute process but "most likely related to old insult."

Impression:

This is a case of new onset HA in a 25 year old male ō no significant PMHx and CT evidence of (R) intraventricular hydrocephalus. DDx for this process includes congenital atresia of foramen of Monro, subependymal giant cell astrocytoma, [illegible], colloid cysts, choroid plexus papilloma. Given the relatively rapid onset and progression of symptoms, despite his reassuringly normal exam, concern is

Plan:

for a more acute process and the worry is [illegible] may [illegible] due to increased ICP. There [illegible] also [illegible] new onset migraine [illegible].

- Will [illegible] attending Dr. [illegible]
- Neurosurgery consult would be appropriate
- [redacted] ✓ MRI [illegible] to further evaluate cause of potential blockage of Foramen of Monro

Signature: [redacted] **Date:** 12/26/10

I saw and evaluated the patient I reviewed the resident's notes and agree I note my addendum below or on form SH 402

25-yo man ō no prior headache history presenting ō several days of progressively intensifying new HA sensitive to lights + sounds. No nausea, diplopia, or other neuro sx. On exam, pupils equal + reactive, optic disc margins sharp, ocular movements normal, (B) Babinski signs present. CT head shows enlargement of (R) lateral ventricle ō midline shift ? hypervascularity [illegible] in the area of superior (R) thalamus. No definite lesion in (R) Foramen of Monro 3rd vent, as well as 4th vent nl

Attending Signature: **Date:**

HPI	ROS	Exam	Complexity	Inpt Attg Code	Inpt Consult Code	Outp Consult Code
1-3	N/A	1-5	Straightforward	–	51	41
1-3	1	6-11	Straightforward	–	52	42
4	2-9	12-22	Low	21	53	43
4	10	All 23	Moderate	22	54	44
4	10	All 23	High	23	55	45

Day of Discharge Code 38 or 39 Imp. new onset headaches ō CT findings suspicious for obstructive (R) ventricular enlargement. Recommend - MRI w/ + contrast tomorrow (allow CT contrast to washout - not completed) Q4° neuro checks Analgesia Page me directly ō questions or concerns [redacted]